

9th March 1955] [Sri C. Kunhirama Kurup]

(Deputy Speaker in the Chair.)

“മലബാറിൽ വൈദ്യസഹായം നൽകുന്നതിനായി ഗവണ്മെന്റ് എടുത്തുകൊണ്ടിരിക്കുന്ന നടപടികൾ രീതിപരമായതാണ്. ധാരാളം പണം ചെലവാക്കാൻ കഴിയാത്ത ആളുകൾക്കു മാത്രമേ അതുപ്രകാരമുള്ളതിന്നും ചികിത്സാസൗകര്യങ്ങൾ ലഭിക്കുന്നുള്ളൂ. സാമ്പത്തികമായി അധഃപതിച്ച വിഭാഗത്തിൽപ്പെട്ടവർക്കായി വൈദ്യസഹായം നൽകുന്നതെന്നു ഗവണ്മെന്റ് അവകാശപ്പെടാൻ സാധ്യമല്ല. കോഴിക്കോടു ഫെഡറേഷൻ ആസ്പത്രിയിലെ ഉപകരണങ്ങളും മരുന്നുകളും മറ്റു സജ്ജീകരണങ്ങളെല്ലാം തികച്ചും അപര്യാപ്തമാണെന്നുള്ള വസ്തുത ഈ അസംബ്ലിയിൽ പല പ്രാവശ്യം ഉന്നയിച്ചിട്ടുണ്ട്. മലബാറിൽനിന്നും ക്യാൻസർ രോഗത്തിന്നു ചികിത്സിക്കാൻ ഇന്നു മലാസ്സിൽ വരേണ്ടിയിരിക്കുന്നു. ‘റോസ്’ ആസ്പത്രിയിലുള്ള ക്യാൻസർ വിഭാഗത്തിലെ ഡോക്ടർമാർ പറയുന്നതു ക്യാൻസർ രോഗികളിൽ 75 ശതമാനവും മലബാറിൽനിന്നു വരുന്നവരാണെന്നാണ്. ഒരു ദിവസം ക്യാൻസർ വിഭാഗത്തിലെ ഒരു ഡോക്ടറു മാത്രം സംസാരിച്ചപ്പോൾ അദ്ദേഹം പറഞ്ഞതു മലബാറിൽ ഇത്രയധികം ക്യാൻസർ രോഗികളുള്ള സ്ഥിതിക്കു അവിടെ ഒരു ക്യാൻസർ വിഭാഗം ഏർപ്പെടുത്തേണ്ടതു അത്യാവശ്യമാണെന്നാണ്. ഒരു രണ്ടുമൂന്നു ലക്ഷം ഉറപ്പികൾ ചെലവാക്കിയാൽ കോഴിക്കോടു ഫെഡറേഷൻ ആസ്പത്രിയിൽ ഒരു ക്യാൻസർ വിഭാഗം തുറക്കാൻ സാധിക്കുന്നതാണെന്നും അദ്ദേഹം പറയുകയുണ്ടായി. ഗവണ്മെന്റ് അതിന്നു ശ്രമിക്കണമെന്നു അപേക്ഷിച്ചുകൊള്ളുന്നു.

“മലബാറിലെ അധികമാളുകൾക്കും വൈദ്യസഹായം ലഭിക്കുന്നതു ആയുർവ്വേദവൈദ്യശാലകൾ മുഖേനയാണ്. പക്ഷെ നല്ല ആയുർവ്വേദവൈദ്യശാലകളും വേണ്ടപോലെ പരിശീലനം സിദ്ധിച്ചിട്ടുള്ള ആയുർവ്വേദവൈദ്യന്മാരും നാട്ടിന്റെ എല്ലാ ഭാഗങ്ങളിലുമില്ല. വടക്കേ മലബാറിൽ ചിറപ്പുൽ താലൂക്കിൽ പത്തു കൊല്ലമുറ സ്ഥാപിക്കപ്പെട്ട മാധവ ആയുർവ്വേദ കോളേജ് ആൻഡ് ഫാർമസി എന്ന ഒരു സ്ഥാപനമുണ്ട്. വൈദ്യന്മാരെ പരിശീലിപ്പിക്കുന്നതിന്നു വടക്കേ മലബാറിലുള്ള ഒരേ ഒരു സ്ഥാപനം ഇതാണ്. പൊതുജനങ്ങളുടെ സഹായത്തോടുകൂടി മലയാള ആയുർവ്വേദിക് സൊസൈറ്റിയുടെ അഭിമുഖ്യത്തിൽ തുറക്കപ്പെട്ടിട്ടുള്ള ഒരു സ്ഥാപനമാണ് അത്. അവിടെ അഞ്ചു കൊല്ലത്തെ പരിശീലനം കഴിഞ്ഞു സർട്ടിഫിക്കറ്റു വാങ്ങുന്ന വൈദ്യന്മാർക്കു ഗവണ്മെന്റ് അധികാരങ്ങൾ നൽകിയിട്ടുണ്ട്. പക്ഷെ ആ സ്ഥാപനത്തിന്നു പ്രാബല്യമുള്ളതായവിധം എന്തെങ്കിലും ധനസഹായം ഗവണ്മെന്റിൽനിന്നു ലഭിച്ചതായി കാണുന്നില്ല. ഈ വകുപ്പിന്റെ ബഡ്ജറ്റിൽ 1,200 ക. ഒരു ആവശ്യനഗ്നന്മാരായി അനുവദിച്ചുകാണുന്നുണ്ട്. ഇറക്കുമതിയാണ് ആ സ്ഥാപനത്തിന്നു ഗവണ്മെന്റിൽനിന്നു എന്തെങ്കിലും സഹായം ലഭിക്കുന്നത്. ഗവണ്മെന്റ് കൂടുതൽ ലഭാരമായ സഹായങ്ങൾ ചെയ്തു ആ സ്ഥാപനത്തെ അഭിവൃദ്ധിപ്പെടുത്തണമെന്നു അപേക്ഷിക്കുന്നു.

“പരിയാരത്തു ഒരു ടി. ബി സാനിറ്റോറിയമുണ്ട്. അതിനെ അഭിവൃദ്ധിപ്പെടുത്തുന്നതിന്നു ഗവണ്മെന്റ് ചെയ്യേണ്ടതായ കാര്യങ്ങളെപ്പറ്റി മലബാറിലെ എല്ലാ വിഭാഗങ്ങളിലുപെട്ട ആളുകൾ പല പ്രാവശ്യം നിവേദനങ്ങൾ നടത്തിയിട്ടുണ്ട്. പക്ഷെ ഗവണ്മെന്റ് അതിന്നു വേണ്ട നടപടികളൊന്നും എടുത്തുകാണുന്നില്ല. അതിന്നും ഗവണ്മെന്റ് വേണ്ടത്ര ധനസഹായം ചെയ്യണമെന്നു അഭ്യർത്ഥിച്ചുകൊള്ളുന്നു.

“ലോക്കൽ ഫണ്ട് ഡിസ്പെൻസറികളുടെ നില വളരെ ശോചനീയമാണ്. പേരിനു ചില സ്ഥലങ്ങളിൽ ചില ആസ്പത്രികളുണ്ടെന്നല്ലാതെ, അവിടെ ഡോക്ടർമാർ കാണുകയില്ല, മരുന്നും കാണുകയില്ല. നാട്ടിൽ എവിടെയുമുള്ള ലോക്കൽ ഫണ്ട് ഡിസ്പെൻസറികളുടെ സ്ഥിതി ഇതുതന്നെ. താലൂക്കു ഫെഡറേഷൻ ആസ്പത്രികൾ ഏറ്റെടുക്കുകയെന്നുള്ളതു ഗവണ്മെന്റിന്റെ നയമാണ്. കറുപ്പനാടു താലൂക്കിലെ വടകര ആസ്പത്രി ഗവണ്മെന്റ് ഏറ്റെടുത്തിട്ടുണ്ട്. ആ ആസ്പത്രിയിൽ ഒരു എക്സ്പെൻഡിറ്ററിയൻ യോജി നാട്ടുകാർ അവരുടെ ഭാഹരി പണം പിരിച്ചു ഗവണ്മെന്റിനെ ഏല്പിച്ചിട്ടുണ്ട്. പക്ഷെ അതിന്റെ പണി നടത്തുന്നതിൽ ഗവണ്മെന്റ് യാതൊരു നടപടികളും എടുത്തുകാണുന്നില്ല. വടകര ഫെഡറേഷൻ ആസ്പത്രി വിചാരിച്ചിട്ടു അഭിവൃദ്ധിപ്പെടുത്തിയിട്ടുള്ളതിൽ കറുപ്പനാടു താലൂക്കിലെ ആളുകൾ മൊത്തത്തിൽ വികസിക്കേണ്ടിവരും. കൊയിലാണ്ടി ആസ്പത്രിയിൽ മരുന്നും മറ്റു സാമഗ്രികളുമില്ലാത്തതുകൊണ്ടുള്ള വികാരമുള്ളും ഗവണ്മെന്റിനെ ശ്രദ്ധയിൽപ്പെടുത്തിയിട്ടുണ്ട്. മരുന്നില്ലത്തതുകൊണ്ട് കൊയി

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ലാഞ്ചി ആസ്ത്രയിൽനിന്നു ജനങ്ങൾക്കു യാതൊരു വൈദ്യസഹായവും ലഭിക്കുന്നില്ലെന്നു പറഞ്ഞാൽ ഏറ്റവും അതിശയോക്തിയല്ല. ഈ ആസ്ത്രയിൽ ആപശ്ചര്യമുള്ള മരുന്നു അനുവദിച്ചുകൊടുക്കാൻ ഗവണ്മെണ്ടു ശ്രദ്ധിക്കുമെന്നു വിശ്വസിക്കുന്നു. ചുരുക്കത്തിൽ മലബാറിലെ വൈദ്യസഹായസൗകര്യങ്ങൾ വർദ്ധിപ്പിക്കുന്നതിന്നു ഗവണ്മെണ്ടു അടിയന്തിരമായി ചെയ്യേണ്ടതു രണ്ടു കാര്യങ്ങളാണു്. ഒന്നാമതു കോഴിക്കോട്ടു ഹൈവ്യാകാമേഴ്സ് ആസ്ത്രയി വാപുലപ്പെട്ടത്തി കൂട്ടം സാമഗ്രികളു്, മരുന്നും മരുന്നെടുക്കുളും ഉണ്ടാക്കുക; രണ്ടാമതു മലബാറൻ അക്കോളമിപ്പോളം ആയുർവ്വേദസൂത്രീകൾ സ്ഥാപിക്കുന്നതിനുള്ള ഒരു പദ്ധതി ആരംഭിക്കുക. ശരിയായ പരീക്ഷണം സാധിച്ച ആയുർവൈദ്യന്മാർ നമുക്കു ധാരാളം വേണ്ടിയിരിക്കുന്നു. അങ്ങനെ ആയുർവ്വേദപരിപാടി സമ്പ്രദായത്തെ അഭിപ്രായപരപ്പെടുത്തുകയും സാട്ടിലെങ്ങും ആയുർവ്വേദപരിപാടി അനുസരകത്വങ്ങൾ ഏല്പിക്കുകയും ചെയ്യുക—ഇതൊക്കെ ചെയ്യുകയാണെങ്കിൽ മലബാറിൽ വൈദ്യസഹായസൗകര്യമുള്ളില്ല എന്നു ആപലാതിക്കു കാരണയാക്കു പരിഹാരമുണ്ടാവും. ഈ കാര്യങ്ങളെല്ലാം ഗവണ്മെണ്ടിന്റെ ശ്രദ്ധയിൽപ്പെടുകയുണ്ടെന്നു മലബാറനെ സംബന്ധിച്ചിടത്തോളം വൈദ്യസഹായപരിപാടിയെക്കുറിച്ചു അപ്പോഴായിട്ടെങ്കിലും ജനങ്ങൾക്കു നന്നു ചെയ്യുവാനു ഗവണ്മെണ്ടു അഭിപ്രായം കാണു സാധിക്കും."

* SRI M. R. RAMACHANDRAN :—" Mr. Deputy Speaker, I rise to oppose the Cut Motion. I am glad to note that the Government are taking note of the real needs of the people, and tackling the leprosy problem and other such problems. I must, however, point out that the allotment made by the Government in this regard is very meagre. There may be an increase in the incidence of some disease and there may be some decrease in the incidence of some other diseases. But, whatever it is, in a large number of cases, people have borne the diseases patiently in the past. All these people are now coming forward to get treatment. As the treatment in this era is really very good, there is a lot of rush of such cases to the hospitals for getting treatment. So, I request the Government to allot more funds and pay greater attention to this matter.

11-30 a.m. " Then, coming to medical aid, there is a lot of difference between the rural dispensaries and the Government hospitals existing near the district headquarters and round about. I cannot understand why the same L.M.P.'s and the M.B.B.S.'s should be paid different salaries when they work here. I should say that this grievance should be at once redressed. Then, there is another point which I want to stress with regard to doctors coming out of the College of Indigenous Medicine. Every year a number of such doctors are turned out and there is great clamour that they should be treated just as other doctors. There is some inferiority complex about these people and I hope they will be treated on the same footing as other doctors. This grievance, I need not point out, has been much talked of for some time now and reference has been made in this House also to it.

" Coming to rural dispensaries, the local boards that run them are not at all maintaining them properly for want of funds. Meanwhile, so many new schemes are started—for example, the mobile medical unit which is supposed to be doing very good work in the rural parts. In my humble opinion, though such schemes do some good, they are only dissipating the funds that are provided for the

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dispensaries or the Medical Department. I would like the Government to examine this question and see whether more funds cannot be diverted to the existing dispensaries either by way of supply of medicines or better-paid doctors, which the local boards are not able to afford now.

“ Another problem that comes to my mind at this stage is the creation of the Social Welfare Board. This Board is supposed to cater to the needs of the people and also provide some lively activity to the womenfolk. I ask : Why not the funds of this Board be diverted to the District Boards or Municipalities which can usefully employ women with the help of such funds in dispensaries. I think the non-official element which is now associated with this body should realise that if the Board is to function successfully, it can do so only as part of the District Board or the Municipality and not as a separate entity by itself.

“ As regards rural water-supply, Sir, I would like to point out that it is far from satisfactory. No doubt, there is a lot of promise made about provision for this. I come from a place—Chingleput town—which is just thirty-five miles from the Madras City. I know what water scarcity is. I know why water is not available and I have myself seen how people take water by turns from 1 of the clock in the night to 4 or 5 of the clock in the morning all by turns assigned to them. The hours of supply to each street are marked out for each street. These difficulties could easily be rectified if a little more attention is paid to this problem and a little extra grant is made. You will find then that people will bless the Government for providing this.

“ Coming nearer to the Madras City, which I believe gives the largest revenue to the Government, I find that the interests of the City are neglected very much. First and foremost, I would like to refer to the problem of public convenience. Everywhere there is a public convenience put up by the Corporation of Madras. And I find even in this Budget a sum of two lakhs of rupees is provided for constructing new public conveniences. But if you look at the condition in which these public conveniences are kept, it will create a feeling of disgust. We cannot enter them and if we enter, we cannot but come out with the impression that the Corporation is very negligent in the matter of maintenance of these public conveniences. I have seen some public conveniences in other parts of the country, especially in Bombay. There, they are not so bad as they are here. They have adopted some device to see that the foul smell emanating from such public conveniences is removed then and there. I see no reason why the Corporation of Madras should not also devise similar ways of removing the foul odour from our public conveniences.

“ Next, Sir, the slums and the poor people's tenements are kept in a very bad condition. These people ought to be taught how to use the tenements. We have got health and assistant health officers drawing good salaries. They are expected to inspect their

[Sri M. R. Ramachandran] [9th March 1955]

ranges at least for half a day daily. I think they are not inspecting their ranges properly. If they pay any surprise visit to these tenements, they will bear out my view on this matter.

“ I next come to another problem which is assuming large proportions in the City of Madras. I refer to the problem of the pavement dwellers. So many questions have been put in this House on this problem. They have become a permanent feature of life in the City. The pavement dweller near Kothawalchavadi is eagerly sought for matrimonial purposes because he is considered to be more prosperous. That is how a poor man from Rayapuram comes to this place for this purpose. They gather at such places for business purposes and they are put to all kinds of improper use. The pavements ought to be kept in a decent condition which is not the case now. Then, Sir, with regard to the Corporation Fruit Market, which sometimes I enter for my own personal purposes, I find that all sorts of markets are huddled together. Especially, one cannot gain access into the flower market and pass across to the bus stand behind. The market is kept in an insanitary state. All kinds of people live round about and inside the market. This is so in a city which is praised by outsiders so much for its cleanliness.

“ Then, Sir, there is another point. Hot months are fast approaching. Most of the poor people are lying on the roads in the night. The road is the only place where they meet, discuss personal matters and ventilate their feelings on matters concerning them. I need not tell the House in detail how these people live. I have personally seen how these people are sleeping under the hot sun on the tarred roads. The roads are very bad. All sorts of nuisances are caused on the road side and even in the middle of the roads. They eat their food on the road. What has the Health Department of the Corporation done to improve the condition of the roads and also the pavements? They are really in a miserable condition.

“ Now, Sir, I come to another important problem which has already been thrashed out in so many ways—by way of interpellation and otherwise. I am referring to the problem of city beggars. The city beggars are there in a large number. I know the steps taken by the Corporation to put them all in a home and provide able-bodied people with a means of livelihood. Probably taking advantage of the measures undertaken by the Corporation, many persons take to begging and become a nuisance in the City. Sir, these are problems which affect the common man and it is essential that the common man should be protected. His life should be safeguarded and his health protected. I request the Government to pay adequate attention to these important problems.”

* SRI T. C. NARAYANAN NAMBIAR :—“ Mr. Deputy Speaker, Sir, I hope that the Hon. the Minister for Health will kindly excuse me when I say that the Budget and the statement that he has made under the two heads ‘ Medical ’ and ‘ Public Health ’ are very disappointing. The provision for both totals 4,49,30,300 rupees. This provision is very inadequate. We are

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now at the end of the First Five-Year Plan and we have acquired some experience in working schemes of development. I would like to ask the Hon. the Minister whether he has gone into the proceedings of the Assembly of last year and also into the various representations made by us, the humble representatives of the poor people? I am sorry to say that those representations were not looked into and this can be proved by facts and figures. As the time given to me is very little, I cannot explain my point fully by quoting facts and figures. Last time the Hon. Minister for Public Health said on the floor of this House that in the Kozhikode Hospital, women and children were packed like sardines. One reason for this is that the women in Malabar are comparatively enlightened and have no prejudice against going to the hospital. Another reason is that there are no facilities for treatment in the taluk headquarters or in any other place. Therefore a large number of patients go to the district hospital where the accommodation is quite inadequate. It is very disappointing to note that no provision has been made for improvements to the Headquarters Hospital and the Women and Children Hospital at Kozhikode even now.

“ During the discussion of the last year's budget, Members of the Opposition and the Members on the Government side requested that more maternity centres should be opened. But they were not opened. I am very glad that the Hon. Minister in his introductory speech says that ignorance and disease are inter-related. I quite agree with that statement. I would have been very very happy if the action of the Government also is inter-related with the speeches they make. Why do I say this? According to the figures furnished by the Government in the last year's budget, the provision for prevention of epidemic diseases caused by food scarcity was Rs. 40,800. But this year the allotment is reduced to Rs. 40,300. Even now epidemic diseases are on the increase and the Government and the experts admit that this is due to food scarcity. The reduction in the allotment shows that the Government have not taken the realities into consideration. The allotment for publicity and health education last year was Rs. 75,800. Is it because the Government realize that ignorance and disease are inter-related that they have reduced the allotment this year? This reduction in the allotment shows that the Government do not realize the importance of publicity and education in health matters. In Malabar the literacy percentage is fairly high. Even therein, there is a superstition that if in Koothparamba or in any other place any rabbit bite happens, there will be no trouble on that account if the bitten people pay two panams, which comes to about seven annas, to the temple at Irungal near Badagara. This deep-rooted superstition is there. That is why I say that people have to be educated in health matters.

“ The death-rate of mothers during the time of delivery is on the increase so far as my constituency is concerned, and I gave facts and figures last year. But no provision has been made in respect of that matter. I quite understand the difficulty of the Government in that there is shortage of nurses. But there are traditional midwives of certain communities in any district. Training in

11 40
a.m.

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midwifery is given by the mother to the daughter and by the mother-in-law to the daughter-in-law. I know that that training is not scientific. But if these women are given proper training, their services can be utilized and that will be a great benefit to the country.

“ When people collect donations for the provision of hospital facilities and medical facilities, the Government do not give them sufficient encouragement. The public of Badagara have collected and deposited in a bank a substantial amount in the hope that the Government will raise the Badagara hospital to the status of a first-class hospital. But that is not attended to. The public of Cannanore have approached the Government with several representations for the installation of an X-ray plant in the Cannanore hospital and that also is not attended to. The prayer of Malayalees for a Cancer Ward in Kozhikode hospital has not been granted so far.

“ In Malabar, even in municipal towns and major panchayats like Baliapatam and Ponnani, there is filariasis or elephantiasis or both. It is a pity to see beautiful and good girls are suffering from elephantiasis. Their legs are so huge that any human being will feel sorry for them. This is due to the people's drinking impure water. The provision of protected water-supply is a very essential and imperative need and this should be attended to immediately.

“ The encouragement given to indigenous systems of medicine is not at all adequate. For the training of vaidyas under the Village Vaidya Scheme, a meagre sum of Rs. 4,300 was allotted last year. This year the allotment is reduced to Rs. 3,600. This reduction is in the allotment for the grant of stipends to the trainees. When poor trainees come for training, they should be given adequate stipends and all encouragement.

“ I would like to draw the sympathetic attention of the Hon. Minister for Health to the prevalence of a peculiar eye disease in Irukkoor Firka. 60 to 70 per cent of the people in Bilathur are affected by this disease. The Hon. Minister was kind enough to send the Director of Medical Services to conduct an enquiry. A report has been submitted to the Government. But no substantial remedial step has yet been taken. I request the Hon. Minister to organize immediately an eye relief camp there to relieve the suffering of the people and also to take adequate preventive measures.

“ I hope the Government will give due consideration to these suggestions.”

* SRI P. SELVARAJ :—“ Mr. Deputy Speaker, rising to justify the policy of the Government, I propose to point out some errors of omission and commission in the administration as such.

“ Health being a very important subject and being a nation building activity, it is but natural that our Government which is wedded to the creation of a Welfare State, has allotted Rs. 3 crores and odd. Sir, ‘ Health brings Wealth ’ is an old adage. It has universal application through all times. Naturally, our State has devoted much money and energy towards the creation of a wealthy and a healthy State. But over-population stands in the way.

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“ In this connexion, I would like to bring to the notice of the Government that according to statistics, population is growing high and one author has said that between the night time and the early morning we find that 18,000 more children are born in this world; if that be the case, and as survival rate is also high, this increase of population brings a heavy demand on the State. There is a sort of race going on between food production and population growth. We are told that we have achieved surplus in food production. With the accelerated food production, we also see that there is scarcity of food, a statement that appears paradoxical. But when it is studied deeply and analysed closely, we will see there is some truth in it. The fact is that there is a race between food production and population growth and as such the total production of food is not adequate to meet the demand. The Government have in a way understood the situation and that is why they have introduced Family Planning, but much attention has not been paid to this. There are some clinics only in District headquarters. It should be started in every Government Maternity Home and overpopulation checked. This geometrical progression of children should be checked at least for the sake of the nation. A maximum of six children should be fixed.

11.50
a.m.

“ Our Government have also been devoting great attention to eradicating Malaria and other epidemic diseases. Foreign experts and foreign correspondents had paid glorious tributes to our work; for cholera and other epidemic diseases are curbed immediately by the efficient health staff.

“ Coming to the curative side, I should like to point out some errors of omission and commission. It was the policy of the Government to nationalise or to bring under the control of the Government the taluk headquarters hospitals. Many hospitals also have been so brought under the control of the Government, but very recently, i.e., a few days back, the Minister for Health in replying to a question in this House, said that the policy of the Government was not to nationalise taluk headquarters hospitals this year. This is very discouraging. For in the local fund hospitals in taluk headquarters medicines are not available and if patients complain to the doctors, they ask them to complain to the Government. These defects should be rectified and the taluk headquarters hospitals should come under Government control; it would save the prestige and name of the Government.

“ In this connexion, I would like to point out that in our district, Tirunelveli, there are two taluk headquarters hospitals which are not brought under the control of the Government. One is in Kovilpatti taluk and the other is in Srivaikuntam taluk. I am afraid that in the matter of supply of medicines there is a great lacuna. Doctors indent medicines economically knowing that Government would not grant a large variety of medicines. But even then only one-fourth of the quantity indented for is supplied and that too not in time. The supply is delayed for the reason either that there is no stock or that medicines are not available. Being a Government Medical Store, all the medicines should be stocked and supplied. After

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some months, the doctors are told that the medicines are not available and hence the doctors are handicapped very much; they are not able to satisfy the patients and therefore complaints crop up. Therefore instructions must be issued to the Government Medical Store to keep in stock at least very essential medicines in large quantities.

“In the matter of treatment also, the general complaint is that Government hospital doctors are charging the patients, in some cases at least. If Government hospitals are to secure a good name they must curb down this malpractice.

“Then regarding Sanatoria for eradicating T.B., these are started in many districts. In the district of Tirunelveli, there is a sanatorium to be started. There also the people are collecting money for building the hospital. But if the Government could come to the help, they could accelerate the work of the hospital and the hospital can be put to good use in a short time.

“With these words, I support the Demand.”

SRI A. RATNAM:—“கனம் உதவி சபாநாயகர் அவர்களே! சுகாதார இலாகாவைப்பற்றிக் கூறவேண்டுமானால் சுகாதார மந்திரி எவ்வளவு திடகாத்தராக இருக்கிறார் என்பதைப் பார்த்தாலே தெரியும். இளைத்துத்தான் காணப்படுகிறார். அதேபோல் பேசுகின்ற நான் திடகாத்தரமாக இல்லாததற்குக் காரணம், என்னுடைய சமூகத்தார் இந்த நாட்டிலே சுகாதார வசதியில்லாமல் எப்படி நலிந்துக்கொண்டு வருகின்றார்கள் என்பதைக் காண்பிக்கும்.

“சுகாதாரமாக இருப்பதற்கு உணவு, உறைவிடம், வைத்திய வசதி ஆகிய மூன்றும் மிகமிக அத்தியாவசியமாக இருக்கிறது. ஆனால் இந்த ராஜ்யத்திலே மூன்றில் ஒருபங்கு ஜனத்தொகையில் இருக்கும்படியான ஹரிஜன மக்கள் சுகாதார முறையிலே வசிக்கின்றார்களா என்று பார்த்தால், சேரிகளிலே சிறைபுகுந்திருப்பதைத்தான் காண்கின்றோம். வீடு இருக்கும்படியான மக்களாவது சற்று சுகாதார வசதியுடன் வாழ முடிகிறது. ஆனால் எட்டடி குடிசைக்குள் வாழும்படியான ஏழை ஹரிஜன மக்கள், சேரிகளிலே சாக்கடைகளில் புழு நலிந்துகொண்டிருப்பதைப்போல் நலிந்துக் கொண்டதான் இன்று சென்னையிலும், பிற இடங்களிலும் வாழ்ந்து கொண்டிருக்கின்றார்கள். ஆனால் அமைச்சர் அவர்களுடைய உரையிலே சுகாதாரத்தைப் பற்றிப் பேசுகின்றபோது, மூன்றில் ஒருபங்கு இருக்கும்படியான ஹரிஜன சமூகத்தினரைப்பற்றியோ, மற்றுமுள்ள பிற்பட்ட சமூகத்தினரைப் பற்றியோ ஒன்றும் குறிப்பிடாததைக் கண்டு விசைப்படுகின்றேன். சுகாதாரத்தைப்பற்றி விவாதிக்கும்போது பல நலன்கள் செய்யப்படுவதாகச் சொல்லப்படுகின்றது. கிணறுகள் வெட்டப்பட்டுள்ளதாகச் சொல்லப்படுகின்றது. சேரிப் பகுதிகளிலே ஹரிஜனங்களுக்காக அனுமதிக்கப்பட்ட பணம் செலவழிக்கப்படுகின்றதே தவிர, சேரிகளில் எங்கேயாவது ஒரு கிணறுவது வெட்டப்பட்டிருக்கின்றதா என்று பார்த்தால், கிடையாது. கோயம்புத்தூரிலே மட்டும் 1,000 கிணறுகள் வெட்டப்பட்டிருக்கின்றன. மற்ற ராஜ்யங்களிலே கிடையாது. ஆகவே ஒவ்வொரு ஜில்லாவிலும் 1,000 கிணறுகள் வெட்டுவதற்கு முன்வரவேண்டும். இல்லையேல் ஒவ்வொரு ஆண்டாகவாவது ஒரு ஜில்லாவில் ஏற்படுத்துவது என்று திட்டமிடவேண்டும். அதுவும் சேரியில் இருக்கும் மக்களுக்கு கிணறு வசதி இல்லாமையால், குளங்களிலே சென்று எடுக்கலாமென்றால் கையினால் தண்ணீரை எடுக்கக்கூடாது. காரணம் தீண்டாமை. ஆகவே ஒரு இலையைக்கொண்டு கொஞ்சம் கொஞ்சமாக தண்ணீர் எடுத்துக்கொண்டு போகவேண்டும். அப்படி இல்லாவிட்டால் முதுகு விரிந்து போய்விடும். அவனை புளியமரத்தில் கட்டி அடிப்பார்கள். இதுதான் இன்று நடந்துகொண்டு வருகின்றது. கிணறுகள் வேண்டுமென்று ஆயிரக்கணக்கான மனுக்கள் அனுப்பியும், இந்த ராஜ்ய சர்க்கார்

9th March 1955]

[Sri A. Ratnam]

அவைகள் ஒன்றையும் கவனிப்பது கிடையாது. இயற்கையாகக் கிடைக்கக் கூடிய தண்ணீரைக்கூட மக்களுக்கு கிடைப்பதற்கு வசதி செய்து கொடுப்பதற்கு, இந்த அரசாங்கத்திற்கு அக்கறையில்லை என்பதைத் தெரிவித்துக் கொள்ளுகிறேன்.

“நகரப் பகுதியை எடுத்துக்கொண்டால், இங்கிருக்கும்படியான 400 சேரிகளில் 250 சேரிகளுக்குமேல் குழாய் கிடையாது; கக்கூஸ் வசதி கிடையாது; மின்சார வசதி கிடையாது; விளக்கு வசதி கிடையாது இன்னும் மற்ற சுகாதார வசதிகள் கிடையாது. இதே நிலைமையில்தான் இன்று நாட்டுப்புறத்திலே இருக்கும்படியான லட்சக்கணக்கான ஹரிஜனங்கள் கஷ்டப்படுகின்றார்கள். இன்னும் பார்த்தால், கக்கூஸ்-க்கு எடுத்துச் செல்லப்படும் தண்ணீரைக் கொண்டுதான், சாப்பாடு செய்யக்கூடிய நிலைமை இன்று சென்னையிலே உள்ள ஹரிஜன மக்களிடையே ஏற்பட்டிருக்கிறது. அந்த அளவிற்குத்தான் சென்னை கார்ப்பரேஷன் அதிகாரிகளும், ஆட்சி யாளர்களும் ஹரிஜனங்களையுடைய சுகாதார வசதியில் கவனம் செலுத்தி வருகின்றார்கள். அதையெல்லாம் இந்த உரையிலே எடுத்துச் சொல்ல காணோம்.

“மக்களுக்கு அத்தியாவசியமானது உறைவிடம். ஆனால் இன்று நகரப் பகுதிகளிலே யாருக்கு வீடுகள் கட்டிக்கொடுக்கப்படுகின்றன? பணம் படைத்தவர்களுக்குத்தான் கட்டித்தரப்படுகின்றது. மூன்று ஆயிரம், 5 ஆயிரம், 10 ஆயிரம், 50 ஆயிரம் என்று பலவகைப்பட்ட வீடுகள் அவர்களுக்குக் கட்டித்தரப்படுகின்றதே ஒழிய, என்.ஜி.ஓ. க்களுக்கோ, நடுத்தர வகுப்பினருக்கோ, ஏழைமக்களுக்கோ குறிப்பாக ஹரிஜன மக்களுக்கோ வீடுகள் கட்டித்தரப்படவில்லை. குறைந்தது 3 ஆயிரம் ரூபாய் செக்யூரிடி கட்டவேண்டும். இவர்களால் அதனாகையை கொடுக்க முடியவில்லை. அப்படிக்கட்டப்படும் பணக்காரர்களுக்குத்தான் ஒரு பகுதி மான்யமாகவும், கடனாகவும் கொடுத்து அதற்காக கோடிக்கணக்கான ரூபாய் ஒதுக்கி 20 ஆண்டுத் தவீணைகளில் கட்டித் தரப்படுகின்றன. யார் இந்த வீடுகளைக் கட்டுகிறார்கள்? வீடின்றி, குந்த இடமின்றி இருப்பவர்களா கட்டுகிறார்கள்? என்.ஜி.ஓ.க்களா கட்டுகிறார்கள்? அல்லது நடுத்தர மக்களா கட்டுகிறார்கள்? பலர் ஏற்கனவே இரண்டு வீடுகள், நான்கு வீடுகள் வைத்துக் கொண்டு, மேலும் இதன் மூலமும் ஒரு வீடு கட்டிக்கொள்ளுகிறார்களே தவிர ஏழை மக்களுக்கோ, ஹரிஜன மக்களுக்கோ கட்டிக்கொள்ள முடிவதில்லை. இந்தப் புள்ளி விவரங்களைத்தான் பார்க்கின்றேன். இதற்குத்தான் கூட்டுறவு இயக்கமும், நகர அபிவிருத்தி டிபார்ட்மென்ட் உதவி புரிந்து வருகின்றன.

“அதுமட்டுமல்ல. சென்னையில் சேரிகளை வாங்கி, அதை சீர்திருத்தம் செய்யவேண்டுமென்று, சென்ற ஆண்டு ஒரு லட்ச ரூபாய் ஒதுக்கியும், இன்னும் அதிலிருந்து ஒரு தம்பிடி கூட செலவிடாமல் இருக்கின்றனர். இதற்காக ஒரு மசோதா கொண்டுவந்து சட்டமாக்கி இருக்கின்றோம். சேரிகள் வாங்கப் பட்டிருக்கின்றதா அல்லது சேரிகளை சீர்திருத்தமாவது செய்திருக்கின்றார்களா என்றால் ஒன்றும் கிடையாது. விவாதிக்கும்போது கேட்டால், பரிசீலனை செய்யப்படும் என்று சொல்லப்படுகிறது. கேள்வியாகக் கேட்டால், கார்ப்பரேஷனும், நகர அபிவிருத்தி டிபார்ட்மென்ட் பேச்சு வார்த்தை நடத்திய ரிப்போர்டை காட்டப்படுகின்றது. இது எப்படி இருக்கிறது என்றால், நண்டுக்கு நரியைக் காவல் வைத்திருப்பதுபோல் இருக்கிறது.

“ஹரிஜனங்களுக்காக பல சட்டங்கள் பல ஆண்டுகளாக கொண்டுவரப் பட்டிருக்கின்றன. அவைகளெல்லாம் நடைமுறையில் செய்திருப்பதாக இருந்தாலுங்கூட, சமீபகாலத்திலே கொண்டுவருகின்ற இம்மாதிரியான சட்டங்களும் இன்று புறக்கணிக்கப்பட்டுத்தான் வருகின்றன. அபிவிருத்திக் கென்று ஒதுக்கப்பட்ட தொகையைக்கூட செலவிடாமல் இருக்கின்றனர். வீடு இல்லாத ஏழைகளுக்கு வீடுகள் கட்டிக்கொடுத்தல்வேண்டும். வீடுகள் கட்டிக்கொடுத்தால்தான் சுகாதார நிலை உயர்ந்து, மக்கள் சுகாதாரமாக வாழமுடியும். இன்று நாட்டிலே ஒரு பகுதி அக்கிரஹாரம், ஒரு பகுதி சேரி என்ற நிலைமை இருக்கின்ற வரையில் தீண்டாமையும் ஒழியாது; சுகாதாரமும் விருத்தியடைய முடியாது.

[Sri A. Ratnam]

[9th March 1955]

“ஆஸ்பத்திரிகளிலே பார்ப்போமேயானால், இன்று ஏழைகளுக்கு வைத்திய வசதி கிடையாது. எனக்கு முன்பு பேசியவர்கள், டாக்டர்கள் தனிமையாக வைத்தியம் செய்ய அனுமதிக்கக்கூடாது என்று குறிப்பிட்டார்கள். அதற்குக் காரணம் என்ன? அவ்வாறு டாக்டர்களை அனுமதிப்பதால் லீட்டிலே ரூ. 100, ரூ. 50 கொடுத்துவிட்டால் ஆஸ்பத்திரியில் அவர்களுக்கு தனி இடம் கொடுக்கப்பட்டு வருகின்றது. தவிர சர்க்கார் பணத்திலேயே ஊசி, நல்ல மருந்து முதலியன கொடுக்கப்படுகின்றது. மற்றும் ஏழைகள் சென்றால் இடம் கிடையாது; அப்படிக்கிடைத்தாலும் தரையிலே படுக்க பாயும்ன்றி அவதியுறுகின்றனர். மற்றும், சர்க்கார் ஆஸ்பத்திரிகளிலே ஏழைகளை அனுமதிக்காமல் துரத்தியடிக்கின்றார்கள். பத்து மைல், 50 மைல், 100 மைல் தூரத்திலிருந்து வைத்திய சிகிச்சை பெறுவதற்காக இங்குவந்து அவர்கள் அனுமதிக்கப்படாததால், திரும்பி ஊருக்குப் போவதற்கும் பணமில்லாமல் பிளாட்பாரங்களிலே செத்துவிடுகின்றனர். இந்தக் காட்சிகளைத்தான் இன்று காண முடிகின்றது. பணக்காரர்களுக்கும், அவர்களுடைய சிபார்சைப் பெறுகின்றவர்களுக்கும் தான் இன்று ஆஸ்பத்திரிகளிலே சலுகை காட்டப்படுகின்றதே தவிர ஏழை மக்களுக்கு ஒருவித நன்மையும் கிடைப்பதில்லை.

“தாம்பரம் டி.பி. சானிடோரியம் ஏழை மக்களுக்கு நல்ல சேவை செய்கின்றது என்று சொல்லப்படுகின்றது. முதலில் ரிஜிஸ்தர் செய்துக் கொண்டால், வர்சைப்படி கொடுக்கப்படுகின்றது என்றெல்லாம் சொல்லப்படுகின்றது. ஆனால் டாக்டர்களை லீட்டிற்குச் சென்று பார்ப்பவர்களுக்கும் அல்லது செல்வாக்குள்ளவர்களிடமிருந்து சிபார்சு கொண்டுபோகின்றவர்களுக்கும் தான் முதலிடம் கொடுக்கப்படுகின்றது. ஏழை மக்கள் பதிவு செய்து விட்டு, 2 வருஷம், 3 வருஷம் காத்துக்கொண்டிருந்தாலும் இடம் கிடைப்பதில்லை. இந்த அளவிற்கு சலுகைகள் இருந்தகொண்டிருந்தால், அதைப் போற்றுவதா அல்லது கண்டிப்பதா? பல கோடிக்கணக்கான ரூபாய்கள் செலவழிக்கப்படுகின்றன. சுகாதாரத்திற்காக 1½ கோடியும், வைத்திய வசதிகளைக் 3½ கோடியும் ஆண்டுதோறும் செலவழிக்கப்படுகின்றது. இப்பணம் பூராவும் ஏழை மக்களுக்கு உபயோகப்படாமல், ஏதோ ஒரு குறிப்பிட்டவர்களுக்குத்தான் வசதி செய்துகொள்ள முடிகின்றது என்பதைக் குறிப்பிட விரும்புகிறேன்.

“ஹரிஜனங்களுக்கு ஆஸ்பத்திரிகளிலே நல்ல வேலைகள் கொடுக்கப்படுவதில்லை. கக்கூஸ் கழுவது போன்ற மலேச்சத் தொழில்களைத்தான் செய்ய அனுமதிக்கப்படுகிறார்கள். அப்படி வேலை செய்கிறவர்களும் அரைக் கோப்பை பால் எடுத்துக்கொண்டு போனால், குற்றம் சாட்டப்பட்டு துரத்தப்படுகின்றார்கள். ஆனால் அதைவிட மோசமாக அங்குள்ள கண்ட்ராக்டர்களும், பெரிய அதிகாரிகளும் நடந்துக்கொள்கிறார்கள். ஆனால் ஏழை ஹரிஜனப் பெண்மணிகளும், ஆண்கள் மீதும் சிறு விஷயங்களுக்காக குற்றம் சாட்டப்பட்டு, விசாரணையின்றிகூட உடனே டிஸ்சிமிஸ் செய்யப்படுகின்றார்கள். நேரமில்லாத காரணத்தால் ஒரு சில வார்த்தைகளைக் கூறி முடிக்கின்றேன்.

“கிராமப் பகுதிகளில் வைத்திய வசதியின்றி, மக்கள் மோசமான நிலையில் இருந்துக்கொண்டிருக்கிறார்கள். அவர்களின் மரணம் எப்போதும் உண்டிக்கொண்டே இருக்கிறது. எனவே ஒரு மோபைல் மோட்டார் மூலமாகவு ஒவ்வொரு ஜில்லாவிற்கும் ஒன்று ஏற்படுத்தி அங்குள்ள ஏழைகளுக்கு வைத்திய வசதியளிக்க ஏற்பாடு செய்யவேண்டும்.

“அதுமட்டுமல்ல. ஆஸ்பத்திரிக் கமிட்டிகளில் ஹரிஜனங்களை நியமிப்பதே கிடையாது. கோடிக்கணக்கில் செலவுசெய்தும், ஆஸ்பத்திரிகளில் அவர்களுக்கு நல்ல வேலை கிடையாது. இவைகளையெல்லாம் பார்வையிடுவதற்காக ஹரிஜன எம்.எல்.ஏ.க்களை, அல்லது அவர்களுடைய பிரதிநிதிகளை இனியாவது அமர்த்திக் கொள்ளவேண்டுமென்று கேட்டுக்கொள்ளுகிறேன்.”

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work they have done to safeguard the health of the people. It is gratifying to note that the Government have come forward this year to spend more money on public health than what they have spent last year. Sir, the figures speak for themselves. In the year 1954-55, the Government have spent 298.75 lakhs of rupees under 'Medical' and 88.88 lakhs of rupees under 'Public Health' whereas in the year 1955-56, the Government have come forward to spend 313.89 lakhs and 187.28 lakhs of rupees on Medicine and Public Health, respectively. From this, Sir, it is crystal clear that our Government are wedded to the policy of maintaining and, in fact, improving the general health of the people of the State, of course, within the limitation of their finances. Sir, since the time at my disposal is very short, I would like to speak on one or two crying needs of my constituency.

"Tindivanam in the South Arcot district is a fairly big taluk, comprising about 400 villages and even more. There are more than five lakhs of people who depend upon the Government hospital at Tindivanam, which is the only one of its kind there. This Government hospital at Tindivanam is not a hospital in the strict sense of the term. At best, it is only an apology for a hospital. I am constrained to say this because the conditions obtaining in the Government hospital at Tindivanam are appalling. The bed strength of the hospital is very poor. For a population of four to five lakhs we have only thirty or forty beds available in the Tindivanam hospital. The operation theatre and the store room for medicines are just like rat holes and the sanitary condition of the hospital is very far from satisfactory. Filthy water is allowed to stagnate within the compound of the hospital. The condition of the hospital could better be imagined than described. It is absolutely necessary therefore that the Government should come forward to improve the hospital in all its aspects.

"The second and by far the most important problem on which I want to speak is the provision of protected water-supply to the Tindivanam Municipality. The entire town of Tindivanam is suffering for want of a protected water-supply. People are put to all kinds of suffering and have been attacked by all sorts of diseases which spread through the medium of impure water. The other day, the Hon. the Minister for Health in reply to a question said that water supply to Tindivanam was still at the investigation stage and that the Government were awaiting the results of such investigation. My own feeling in this matter—whatever may be the assurance given by the Hon. the Minister for Health—is that the water-supply scheme for the Tindivanam Municipality has been conveniently shoved into cold storage because, if I remember aright, the investigation itself was started some four or five years ago and the Hon. the Minister said the other day that investigation was proceeding and that the Government were awaiting results. That only shows that the Sanitary Engineering Department is moving very slowly in this matter and God only knows how many years more the Government will take for the implementation of the scheme. Therefore, it is my prayerful submission that the Government

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should expedite this water-supply work in order that the people of Tindivanam may be provided with protected water-supply before long.

“ Sir, I have nothing but admiration for the Government for the excellent work that they have turned out in the field of environmental hygiene. But it pains me at the same time to know the total neglect of the innumerable cheris all over the State in this matter. Cheris you know, Sir, are veritable hells. The huts in the cheris are half in ruins and there is nothing there except dirt filth and squalor. The people are living under very insanitary conditions. After all, we know, Sir, environment does a lot in the matter of development of human personality. No wonder, Harijans living in the cheris all over the State are short-sized, under-developed and rather narrow-minded in their outlook on account of the bad environments in which they are born and brought up. Therefore, I request the Hon. the Minister for Health to address himself to the problem of providing better environments to Harijans living in cheris all over the State.

“ Before, I conclude, Sir, I would like to point out the total absence of rural dispensaries and even local fund dispensaries worth mentioning in the Tindivanam taluk. People of my constituency are put to lot of difficulties and hardship for want of medical facilities, especially in the field of maternity. I should like to point out that except the Government Hospital at Tindivanam there are no maternity hospitals in the whole taluk which is a very big taluk and in which people are suffering much for want of maternity hospitals. I would, therefore, urge the Government to come forward to open one or two maternity centres in some of the firkas in the Tindivanam taluk.

“ With these words, Sir, I would like to thank you for having given me this golden opportunity to speak on this occasion.”

SRI C KANDASAMY :—“ கனம் உதவி சபாநாயகர் அவர்களே, சுகாதாரம், வைத்தியம் சம்பந்தமாக சில குறிப்பிட்ட விஷயங்களைக் கூறி, இந்த மான்யத்தின்மீது பிரேரிக்கப்பட்டுள்ள வெட்டுப்பிரேரணையை ஆதரிக்க நான் முன்வந்திருக்கிறேன். இந்த ராஜ்யத்தில் சுகாதார நிலைமை எந்த அளவுக்கு சிதைந்து இருக்கிறது. எந்த அளவுக்கு ஜனங்கள் பலவிதமான நோய்களால் பீடிக்கப்பட்டு கஷ்டப்பட்டுக்கொண்டிருக்கிறார்கள். எந்த அளவுக்கு அவர்களுக்கு வைத்திய வசதி அளிக்கப்பட்டிருக்கிறது என்பதையெல்லாம் பற்றி பல அங்கத்தினர்கள் பேசியுள்ளார்கள். அவைகளை விவரித்துக்கொண்டு போகவேண்டிய அவசியமில்லை.

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“ பிரிட்டிஷ்காரர்கள் இந்த நாட்டைவிட்டுப் போனபிறகும்கூட இந்த நாட்டின் அடிப்படை வாழ்வு முன்னேற்றப்படி மக்கள் பலவிதமான நோய்களுக்கு ஆளாகிக்கொண்டு வருகிறார்கள். இந்நோய்களைத் தடுப்பதற்கு வேண்டிய வாய்ப்பும் வசதியும் அரசாங்கத்துக்கு ஒரு எல்லைக்கு உட்பட்டுத்தான் இருக்குமென்று சொல்லத் தேவையில்லை. ஸ்ரீ ஜவஹர் லால் நேரு அவர்கள் தன்னுடைய Autobiography-ல் ‘இந்த தேசத்தில் இருக்கக்கூடிய கொடிய வறுமை அதிகப்பட்டுக்கொண்டு போகிற காரணத்தினாலும், மக்களுடைய செயலற்ற தன்மையினாலும் படிப்பின் மையினாலும், வைத்திய, சுகாதார வசதிகள் அளிக்கும் பிரச்சினை ஒரு பெரிய பிரச்சினையாக இருக்கிறது’ என்று குறிப்பிட்டிருக்கிறார்.

9th March 1955]

[Sri C. Kandasamy]

“இன்று இருக்கக்கூடிய வாய்ப்பு, வசதிகளைக் கொண்டு தேசத்தில் ஓரளவுக்காவது சுகாதார, வைத்திய வசதிகளை அளிக்கவேண்டுமென்றால், நம்நாட்டில் வழங்கியும் பூர்வீக வைத்திய முறைகள், 150 வருட கால பிரிட்டிஷ் ஆட்சிக்குப் பிறகும் கூட, தலை தூக்கி, சாகாத இருக்கின்றன என்பதை ஞாபகத்தில் வைத்துக்கொள்ளவேண்டும். வைத்தியம் சம்பந்தப்பட்ட வரையில், மேல்நாட்டு வைத்தியம், கீழ்நாட்டு வைத்தியம், வாநாட்டு வைத்தியம், தென்னாட்டு வைத்தியம் என்று பலவிதமாக பாடுபடுத்த நான் விரும்பவில்லை. வைத்தியம் ஒரு விஞ்ஞானம். உலகம் பூராவுமுள்ள மனிதர்களுடைய உடற்கூறு எப்படி இருக்கிறது, அவ்வுடலுக்கு ஏற்படக்கூடிய ஆபத்துக்களையும் சீக்குகளையும் எப்படி தடுக்கமுடியும் எப்படி சொஸ்தப்படுத்த முடியும் என்ற கண்ணோட்டத்துடன் இப்பிரச்சனையைப் பார்க்கவேண்டும். அந்தந்த தேசத்தின் கலாசாரம், மக்களுடைய வாழ்க்கை, நாகரிக வளர்ச்சி ஆகியவைகளுக்கு ஏற்றார்போல் அந்தந்த தேசத்திலிருக்கும் வைத்திய முறைகள், அடிப்படை எப்படியிருந்தாலும், பல்வித சூப்பங்களில் வளர்ந்துவந்திருக்கின்றன.

“அல்லோபதி (Allopathic) முறையை எடுத்துக்கொண்டாலும், அதற்கும் ஒரு அடிப்படையும், வளர்ச்சியும், வளர்ச்சிக்கான ஒரு சரித்திரமும் உண்டு. ஆங்காங்குள்ள ஜனங்களும் நிறுவப்பட்டிருக்கும் ராஜ்யங்களும், அதிகாரத்திலுள்ளவர்களும் இம்முறைகளுக்கு ஆக்கம் அளித்ததன் காரணத்தினால், இந்த அல்லோபதி முறை விஞ்ஞானத்தை அடிப்படையாகக் கொண்ட ஒரு நல்ல முறையாக வளர்ச்சி அடைந்து வந்திருக்கிறது. இதை யாரும் மறுக்க முடியாது. பிரிட்டிஷ் எகாதிபத்தியம் உலகத்தில் பெரும் பகுதியில் வியாபித்திருந்த காரணத்தினாலும் அவர்களடைய ஆதிக்கம் பெரும்பாலான பிரதேசத்தில் பரவியிருந்த காரணத்தினாலும், இம்முறை உலகத்தில் தலைதூக்கி நிற்கக்கூடிய அளவுக்கு வளர்ச்சியடைந்து வந்திருக்கிறது என்பதை எடுத்துக்காட்ட விரும்புகிறேன். இந்த தேசத்திலுள்ள சித்த, ஆயிர்வேத, யுனானி வைத்திய முறைகள் 200 வருஷ சீரம்பலிக்குப் பிறகும் கூட, ராஜ்ய சர்க்கார் அம்முறைக்கு ஆக்கம் அளிக்காதிருந்து வந்தபோதிலும், கூட, இன்னும் பரவலாக கையாளப்பட்டு வருகின்றன என்பதையும், கோடிக்கணக்கான மக்கள் இன்றைய தினம் இவைகளை நம்பி வாழவேண்டிய நிலைமையில் இருக்கிறார்கள் என்பதையும் சர்க்கார் கவனத்தில் கொள்ள வேண்டும். எடுத்த எடுப்பில் கிராம வைத்தியர்களையும் அவர்கள் கையாளும் முறைகளையும் பார்த்து, இவர்கள் சுத்த மோசடிகள் என்றும் ‘quacks’ என்றும் தீர்மானித்து விட முடியாது. கோடிக்கணக்கான மக்கள் ஆஸ்தத்திரிகளில் அளிக்கப்படும் வசதிகளைப் பயன்படுத்திக் கொள்ள முடியாத நிலைமையில் வாழ்கிறார்கள். இவர்கள் தங்களுடைய நோய்களை எவ்வாறு சொஸ்தப்படுத்திக் கொள்ளுகிறார்கள், எந்த முறையை எந்த விதமாகக் கையாண்டு வருகிறார்கள், நோய்களை எவ்வாறு கட்டுப்படுத்துவது என்பவைகளைப்பற்றியெல்லாம் ஆராய்ச்சி செய்து பார்க்கவேண்டுமென்றும், இன்றுள்ள மறுத்தவக் கல்லூரிகளில் இம்முறைகளுக்கு எந்த அளவுக்கு ஆக்கம் அளிப்பது என்பதற்கான வழிமுறைகளையும் வகுக்க வேண்டுமென்றும் இந்த சந்தர்ப்பத்தில் குறிப்பிட விரும்புகிறேன்.

“குறிப்பாக, தமிழ் நாட்டில் சித்த வைத்திய முறை நீண்ட காலமாக அனுபவத்தில் இருந்து வருகிறது என்பது தமிழ் நாட்டு அங்கத்தினர்களுக்குத் தெரியும். ஆயுர்வேத, யுனானி முறைகள் அந்தந்தப் பிரதேசங்களிலுள்ள மக்களின் விருதயத்தைக் கவர்ந்திருப்பதைப்போல தமிழ் நாட்டில் சித்த வைத்திய முறை நீண்ட காலமாக இருந்து வருகிறது என்பதை அரசாங்கத்திற்கு எடுத்துக் காட்ட விரும்புகிறேன். இந்த வைத்திய முறையைப்பற்றி அநேகம் புத்தகங்கள் எழுதப்பட்டிருக்கின்றன. அப்புத்தகங்களிலுள்ள மறை பொருட்களை வெளிக்கு கொண்டு வர வேண்டும். அவைகளில் கூறப்பட்டிருக்கும் முறையைப்பற்றிய பழைய கால அனுபவம் என்ன, அம்முறையை இப்பொழுது பயன்படுத்த முடியுமா, அம்முறையை அல்லோபதி முறைக்கும் ஏதாவது ஒற்றுமை உண்டா என்றெல்லாம் பார்க்கப்பட வேண்டும். இது வரையிலும் அவ்வாறு பார்க்கப்படவில்லை என்றுதான் நான் குறிப்பிடுகிறேன்.

[Sri C. Kandasamy]

[9th March 1955]

“இன்றைய தினம் பல ஆஸ்பத்திரிகள் நிறுவப்பட்டிருக்கின்றன. கிராமங்களிலுள்ள லோகல் பண்டு டிஸ்பென்சரிகளில் சித்த வைத்திய முறையும் சேர்த்துக் கையாளப்படுகிறது. இப்பொழுதுள்ள **College of Indigenous Medicine**-ல் இம்முறையைப் போதிப்பதற்காக ஒரு வகுப்பு ஏற்படுத்தப்பட்டிருக்கிறது என்று சொல்லப்படலாம். இருப்பினும், இம்முறையும் மற்ற வைத்திய முறைகளையும் சேர்த்துப் பார்க்கும்போது, சித்த வைத்திய முறையைப்பற்றிய வரையில் மாற்றாந்தாய்க்கும் இருக்கக்கூடிய கண்ணோட்டம் தான் இருக்கிறது என்று அரசாங்கத்தைக் குற்றம் சாட்டுகிறேன். இம்முறையில் பயிற்சிக்கு மிகக் குறைவாகத்தான் படுக்கைகள் ஒதுக்கப்பட்டிருக்கின்றன, சுமார் 15 படுக்கைத்தான் ஒதுக்கப்பட்டிருக்கின்றன. மருந்துகளைத் தயாரிக்க வேண்டிய வசதிகள் குறைக்கப்பட்டிருக்கின்றனவே ஒழிய கூட்டப்படவில்லை. இது சம்மந்தமாக ஆராய்ச்சி செய்ய அதிகப் பணம் செலவழிக்கப்படவில்லை என்று தெரியவருகிறது.

“சித்த வைத்திய முறையில் தயாரிக்கப்பட்ட மருந்துகள் மிகக் குறுகிய காலத்தில் பின்னால் உபாதைகள் (reactions) ஏற்படாமல் பல வியாதிகளைச் சொஸ்தப்படுத்தித்தின்றன என்பது இங்குள்ள பலருக்குத் தெரியும். வேறு சில மருந்துகளை உட்கொண்டால் பின்னால் உபாதைகள் ஏற்படும். இக்காரணத்தினால் சித்த வைத்திய முறையைப் பெரிய பணக்காரர்கள் ஆதரிக்கிறார்கள்.

“தஞ்சாவூரிலுள்ள சரஸ்வதி மஹாலில் சில புஸ்தகங்கள் இருக்கின்றன. அவைகளை அரசாங்கத்தார் வெளியிட்டிருக்கிறார்கள். சென்ற காலத்தில் மிசர் சிக்கலான சீக்குகள் கூட சொஸ்தப்படுத்தப்பட்டிருக்கின்றன என்பதை அப்புத்தகங்களில் நான் படித்திருக்கிறேன். இவ்வேலைகளைச் செய்வதற்காக அரசாங்கத்தை நான் பாராட்டுகிறேன். ஒட்டு மொத்தமாகப் பார்த்தால் கூட, ஆயிரக்கணக்கான கிராம வைத்தியர்கள் பையை வைத்து கொண்டு யாதொரு யோக்கியதாம்சமும் இல்லாமலிருந்தாலும் ஜனங்களிடையே துணிந்து வேலை செய்கிறார்கள் என்பதையும், பல கோடிக்கணக்கான மக்கள் இவர்களிடம் நம்பிக்கை வைத்து தங்கள் உயிரையே ஒப்படைத்து விடுகிறார்கள் என்பதையும் உணர்ந்து அதற்காக அரசாங்கத்தார் என்ன நடவடிக்கை எடுக்கப்போகிறார்கள் என்று கேட்க விரும்புகிறேன்.

“ஆயுர்வேத வைத்திய முறை கூட நாட்டில் ஏற்பட்டிருக்கக்கூடிய தேசிய விழிப்பின் காரணமாக ஓரளவு ஆதரிக்கப்பட்டு வருகிறது. அதை ஆதரிப்பதற்காக கிளர்ச்சியும் நடந்து வருகிறது. ஆனால் சித்த வைத்திய முறை தமிழனின் பரம்பரை விஷயமாக இருந்தாலும் கூட அது க்ஷீணித்துக் கொண்டு வருகிறது. அஷுதப் பற்றி மூச்சுப் பேச்சுக் கூடக் கிடையாது. தேசிய வளர்ச்சியின் காரணமாக, பிரிவினை வேண்டுமென்ற கிளர்ச்சிக்காரர்களால் கூட சித்த வைத்திய முறை புறக்கணிக்கப்பட்டிருக்கிறது என்பதைப் பார்த்து வருந்துகிறேன். உள் நாட்டு வைத்திய முறைப் பயிற்சிக்காக இருக்கும் பள்ளிக்கூடத்தில் வருகிற வருஷத்தில் இம்முறையைப்பற்றி விசேஷ கவனம் செலுத்தவேண்டும், இம்முறைக்காக அதிகப்பணம் ஒதுக்க வேண்டும், இம்முறைப் பரீட்சார்த்தமாக உள்ள வார்ட்டில் (ward) படுக்கைகள் அதிகப்படுத்த வேண்டும்.

“எந்த வைத்திய முறையை எடுத்துக் கொண்டாலும் சாதாரணமாக அடிப்படை ஒன்றாகத்தான் இருக்கும். சல்பர் (Sulphur) காம் பவுண்டை ஒரே சீக்குக்கு எல்லா தேசத்திலும் கொடுக்கலாம் என்று சொன்னாலும், அந்தந்த தேசத்திலுள்ள சீதோஷண ஸ்திதி, மக்களடைய தேகம், வாழ்க்கை முறை ஆகியவைகளுக்குத் தக்கவாறு பல விதமான அனுபவம் மருந்துகளோடு கூட்டிச் சேர்த்து அது மாற்றிக் கொள்ளப்படுகிறது என்பதை நாம் பார்க்கிறோம். சீதோஷண ஸ்திதிக்குத் தக்கவாறு சில இடங்களில் சில அம்சங்களில் மாறுதல் செய்யலாம் என்பதை விஞ்ஞானமே ஒத்துக் கொள்ளுகிறது. ஒரு சீக்குக்கு கால்ஷியம் கொடுக்க வேண்டுமென்றால் தமிழன் முத்து, பவளம் போன்ற பஸ்பங்களைக் கொடுக்கவேண்டுமென்று வற்புறுத்துகிறேன். உயர்ந்த ரகமான கால்ஷியம் அந்த பஸ்பங்களில் இருக்கிறது என்று டாக்டர்களே ஒத்துக்

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கொள்கிறார்கள். ஆயுர்வேத முறையைப் புனருத்தாரணம் செய்ய வேண்டுமென்று கிளர்ச்சி இருப்பதைப்போல் சித்த வைத்திய முறையையும் தமிழகத்தில் அபிவிருத்தி செய்ய ஏற்பாடுகள் செய்ய வேண்டும்.

“ஆஸ்பத்திரித் தொழிலாளிகளைப் பற்றி ஒரு கோரிக்கை. அங்கு இருக்கும் பல தொழிலாளிகளுக்கு 10 அல்லது 12 ரூபாய்தான் ஆரம்பச் சம்பளம் கிடைத்துக் கொண்டு வருகிறது. ரூபாய் 22 தான் குறைந்த பக்கம் ஆரம்பச் சம்பளம் இருக்கவேண்டுமென்று அரசாங்கத்தாரே ஒத்துக் கொண்டிருக்கிறார்கள். அந்த அடிப்படையில் இனிமேலாவது ஆஸ்பத்திரிகளில் இருக்கும் தொழிலாளிகளுக்கு குறைந்த பக்கம் சம்பளம் ரூபாய் 22 ஆக இருக்கும்படி உயர்த்திக் கொடுக்க வேண்டும். உயிரில்லாத பேயர், பெண்கில் போன்ற வஸ்த்துக்கள் என்று இத்தொழிலாளிகளைக் கருதாமல், ‘இவர்களும் மனிதர்கள், வேலை செய்பவர்கள்’ என்று உணர்ந்து இவர்களுடைய ஆரம்பச் சம்பளத்தை ரூபாய் 22 ஆக ஆக்க வேண்டும் என்று கேட்டுக் கொண்டு ஏற்கனவே பிரேரேபிக்கப்பட்டுள்ள வெட்டுப் பிரேரணையை ஆதரிக்கின்றேன்.”

* SRI K. R. VISWANATHAN :—“ Mr. Deputy Speaker, Sir, 12-30
while supporting the Demands for Medical and Public Health p.m.
services, I wish to ventilate certain grievances of my home taluk, namely, Udayarpalayam taluk. Even though I am bound to congratulate the Government on the many welfare schemes that have been proposed for the budget year, I have to mention certain omissions. The backward areas deserve much help and their grievances have been represented already.

“In this connexion, I have to congratulate the Government on the proposal to provide comprehensive rural water-supply schemes in the delta areas. Cholera is very frequent in the delta areas of the rivers Cauvery, Vaigai and Thambraparni. The Central Government have come forward with a grant of Rs. 60 lakhs and the State Government is proposing to contribute an equal sum and finish all the comprehensive schemes that are under consideration. I wish to bring to the notice of the Government the incidence of another disease which is called guinea-worm disease. This disease is prevalent in dry parts where protected water-supply is not available, especially in my taluk where people have to take drinking water only from tanks. Through the vehicle of water, these people contract guinea-worm disease; they are laid up in bed without any work whatsoever for six months and even at times for a year; they are affected economically as well as physically. When a man is attacked by this disease, his limbs are affected. Supposing he gets affected in the leg, his leg is paralysed; if his hand is affected, his hand is paralysed. He cannot use his legs or hands effectively afterwards in life and thus he cannot eke out his livelihood. I would therefore request the Government to provide comprehensive water-supply schemes for these areas.

“We placed before the District Planning Board two schemes of protected water-supply in my constituency. One of the schemes is for taking water from the Coleroon (near Madanathu), storing water in our overhead tank at Jayankondan and giving supply from that place. There is another proposal to erect an overhead tank at Ponparappi, taking water from Vellar. The river Vellar is about six miles from that place and water could be distributed to all the

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villages lying on the way. The Planning Board have recommended these two proposals to the Government and these are under consideration of the Government. I request that Government should seriously think over the matter and sanction these two schemes.

“ In this connexion I like to state that 50 per cent of the cost of these schemes is expected to be contributed by the public of those areas. The area being very backward and the people inhabiting that area also being economically very backward, they are unable to contribute the 50 per cent of the total cost. I would therefore request the Government to waive this 50 per cent contribution and bear the whole cost of the schemes and complete them within the Budget year.

“ I have already represented that in Jayankondan there is a Local Fund Dispensary. This dispensary has to be provincialized and some more beds have to be provided. I request the Government to take this matter into consideration and take steps for the immediate conversion of this dispensary into a Government one.

“ I also like to represent that in Tiruchirappalli district there are so many Local Fund dispensaries and many are closed for want of medical officers. At Andimadam and Senthurai, the Local Fund dispensaries are kept closed for months together. When the people ask the District Board President, he says that if medical officers are available who are willing to open and work the dispensaries, he is prepared to appoint them. I request the Government to find ways and means to provide these Local Fund dispensaries with doctors qualified at least in native medicine.

“ Lastly, I wish to draw the attention of the Government to the T.B. Sanatorium at Senghipatti. Even though this was started only very recently, it has gained a very high reputation from patients. People who had gone to other sanatoria like those at Madanapalle, Tambaram and Perunthurai, etc., having not been cured of their disease have come to this place and have found the Singhipatti Sanatorium a very useful one. They have also praised the treatment there in high terms. The Hon. Minister for Public Health in his reply to a question on the floor of this House stated that Government is coming forward to meet the deficit that is found in the administration of this sanatorium. I should like to represent that this sanatorium is giving treatment for poor people and they are providing for 40 free beds for poor people. There are about hundred persons who are in the waiting list. We know the seriousness of T.B. If the patient has to wait for more than three or four months, it is better no treatment is given to him, for his condition would have worsened and he could be left to his own fate. So, people left in the waiting list would not at all deserve to enter the sanatorium and get treatment at that late stage. So, I would like that the Government should come forward to bear the cost of providing these 40 free beds and sanction the necessary amount to the Singhipatti Sanatorium.”

DEPUTY SPEAKER :—“ The hon. Member's time is over. The hon Member Sri Shafee will now speak.”

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* SRI K. KUNHI MOHAMED SHAFEE :—“ Mr. Deputy Speaker, Sir, I rise to support the Demand. In doing so, I wish to invite the attention of the Hon. Minister to a few out of the many necessities of Malabar.

“ Sir, Malabar needs more hospitals and dispensaries. There are a large number of villages in the district without any medical facilities.

“ Representations have been made to open dispensaries in the centres like Makkaraparamba and Karkiddamkunnu in Walluvanad taluk and Pookkotoor and Edavanna in Ernad taluk. But when we raise this question of opening dispensaries in rural parts, in the House during question hours, we invariably get the reply that the opening of dispensaries is to be done by the local boards. The district boards in the State generally and in Malabar district particularly have not the finance for opening these dispensaries. The completion of the works connected with the Headquarters Hospital at Calicut and the improvements to be made to the Women and Children's Hospital at Kozhikode requires immediate attention of the Government. The additional accommodation and the supply of more medicines to the Taluk Headquarters Hospitals in Malabar district and the appointment of a lady doctor in the Perintalmanna Hospital and the provincialization of Local Fund dispensaries of Mannargat and Areacode are the important necessities of the district.

“ The appointment of a lady doctor in Perintalmanna Government Hospital was requested to the Hon. Minister for Public Health for a number of times but the appointment has not yet taken place. Regarding the public health, I may point out here that the Malabar district needs more maternity and child welfare centres. Particularly in the taluks of Walluvanad and Ernad, such centres are very few. Government should come forward to help the people in those taluks by opening more maternity and child welfare centres in all villages where they are necessary. Malabar is a district where the attack of small-pox is very frequent and wide and the success of combating this disease lies in the preventive measures the Government take as well as the steps to provide nutrition and timely medical assistance in the areas affected by small-pox.

“ Protected water-supply scheme has to be extended to various centres in Malabar district; particularly the Government have to take urgent measures to provide protected water-supply at least in the major panchayat areas of Perintalmanna, Ponnani, Quilandi, Badagara, Baliapatam and Manjeri. Perintalmanna is the headquarters of Walluvanad taluk which suffers from acute scarcity of drinking water during the summer months in particular.

“ Finally I would like to invite the attention of the Minister to the grievances of the motor cleaners of the Malaria Control Team in Nilambur. The pay of these motor cleaners has been reduced recently. I would request that their original pay may be restored

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to them immediately. Sir, in spite of the fact that the Hon. Minister for Health holds the view that Malabar produces more children, I hope he will not grudge to comply with all these requirements of the district."

12-40 * SRI K. PARTHASARATHY :—" Mr. Deputy Speaker, Sir,
p.m. before proceeding to speak on this Demand, I want to make one point clear. The hon. Member Mr. Gopalan presented a petition to the House. I raised a point of order saying that the petition seemed to involve an expenditure from the public funds. It was not as if I was opposed to any demand in the increase in salary and allowances of hospital menials and officers. I will support, if it is possible, any such demand. I wished to make it clear that since the petition involved an expenditure from public revenue, it could not be presented at the time when the Demand is about to be taken up. That was why I rose on a point of order, to get a ruling from the Chair.

" Coming to the Demand proper, I support the Demand and oppose the cut motion. I thank the Government for having constructed a maternity ward in the taluk headquarters hospital in my constituency at Kallakurichi. The building was constructed and the construction was completed in the beginning of this financial year itself. But I regret to state that the building is not occupied yet on account of a difficulty. The plans and estimates were prepared, and subsequently the construction had been completed and it appears no provision was made in the original estimates for sanitary arrangements. Because of the lack of sanitary arrangements, the building is not yet occupied and subsequently now I understand some temporary arrangements are being made. So, Sir, in respect of construction of such buildings, provision may hereafter at least be made for sanitary arrangements in the original estimates or at the time when the construction of the building commences. That will facilitate the immediate occupation of buildings and will avoid the unnecessary delay that is caused if proper sanitary arrangements are not made along with the building construction. I wish to make one submission with regard to that hospital, viz., to provide a compound wall at least on one side, in the northern side because there is a public road and through that cattle and dogs stray into the hospital. So at least this year the Government must take up the construction of the compound wall and I do hope that enough provision may be made this year for the construction of the compound wall in revised estimates.

" I am glad that a distinguished medical member of this House, I mean Dr. U. Krishna Rao, made an impassioned plea for admitting more students in the medical colleges because of the growing need in our State of more and more doctors. Whenever we want more hospitals and dispensaries and whenever we put any question as to why some hospitals and dispensaries are closed, the reply is given that even though we may build hospitals, we do not have sufficient number of doctors to man them. Even the doctors

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coming out of our medical institutions do not take any interest to settle down in rural areas. So it is absolutely necessary that we should produce more doctors. Even as it is, as observed by the Hon. Member, the State is incurring an expenditure of Rs. 12,000 for every doctor that comes out of the colleges. Every year the State is spending more than Rs. 12 lakhs on medical colleges giving credit for the fees realised. It is something different with lawyers. Even though lawyers are maligned by everybody lawyers provide much to the State Exchequer—the law students provide profit to the tune of 1½ lakhs by paying fees in the Law College, besides the amount of fees they pay as stamp duty at the time of enrolling themselves as advocates. So when every doctor gets the benefit of Rs. 12,000 from the State funds I think that Government must take care to see that every doctor who comes out of the college serves in the rural areas for at least five years. This suggestion is not newly made by me, but I think the suggestion was made even a few years ago and is even now being made by other distinguished persons. Further I think Government must seriously examine what has been said by Dr. Krishna Rao and come to immediate conclusions. In our State there have been persistent agitation for starting of a shorter course in medical education. We are not claiming a new thing now. Previously we were having an L.M.P. course, undergoing which course for three years, an S.S.L.C. holder became a qualified doctor. But for some reason, that course was scrapped and we are depending only on the present five-year course. As regards the L.M.P. course, we know that the weighty authority of the distinguished educationist and medical man in our State who I believe is dominating this field throughout India and in the international field also is against it. On his weighty authority, we do not have the shorter course now but only the present five-year course. That is the sorry state of affairs to-day. Even though there may be valid reasons for not taking to the shorter course, let us see what is the present state of affairs in our country to-day. Actually what do we find in the rural areas? There is paucity of doctors. I respectfully ask the Government to consider the problem. This Government recognize B-class practitioners. What are their qualifications? Nothing. We find in the State there are many quacks. There are a number of compounders having very good practice. I know the case of one compounder who earns Rs. 1,000 per mensem. He has a roaring practice. He is not a qualified doctor. But still he has good practice and earns a lot. He was previously in the district board service only as compounder. Now a lot of people come to him for treatment. Even though they may produce only M.B.B.S. doctors, on account of their scarcity rural-folk actually are at the mercy of compounders and quacks. So the purpose of the policy of Government is defeated and the Government should also consider whether the appointment of B-class practitioners with no qualification is not bad. Instead it would be better if compounders with some training are appointed in the place of B-class practitioners. Many of the rural dispensaries in various districts are to-day remaining closed. The district boards are not able to open new dispensaries as there

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is a shortage of medical hands. So, I earnestly request the Government to consider the problem rather seriously and bring forward a suitable scheme even this year itself. Last year, we were given to understand from newspaper reports that there was a proposal to train health assistants. It was mentioned that persons with S.S.L.C. qualification will be given training in medicine for one year and they will be appointed in the rural areas. Some such scheme should be under the contemplation of the Government. I request the Government once again that they may come forward with some such scheme to fulfil the prime need of the rural areas."

12-50
p.m.

* SRI M. NARAYANA KURUP :—" Mr. Deputy Speaker, this is a subject on which there is not much dispute with regard to facts. There is not much difference in the method of approach except in the degree of emphasis. In our country the expectancy of life is only about 32 whereas in a country like Japan which is similarly situated it is about 48. No doubt, this has to be increased by adopting family planning or increasing the nutritive value of our food and improving other social conditions. We are taking pride in saying that malaria has been controlled which takes about 15 lakhs of lives on an average every year. But, Sir, there is no room for any complacency. Because, not long ago I read an article by an expert doctor, Dr. Krishnan who has given a warning that the problem of malaria has to be tackled with all urgency inasmuch as the mosquitoes are developing resistance to D.D.T. If we continue to go slow, ultimately our aim and purpose will be defeated.

" There is another serious question, viz., tackling of tuberculosis. The Government are doing their best. It is calculated that $2\frac{1}{2}$ millions in our country are affected by this fell disease and about five lakhs of people die every year on account of this disease. It was once thought that a man who was removed to a sanatorium and got cured would be free. It has been proved that he must get cured in that particular climate in which he is usually residing. Viewed in that light there were so many cases where people from Malabar went outside the district to Perunthurai and other places and got cured. But, immediately the rainy season came, those people had the attack again. Now, the Government have been pleased to open a sanatorium at Periyaram and we hope that the Government will give every encouragement to that sanatorium. I also hope that it will receive encouragement from both the State Government and the Central Government. Such encouragement is necessary for the progress of that institution.

" Sir, in this year's budget, there is no provision for provincialization of hospitals for which many of the hon. Members have been pleading from time to time. Anyway, I am not sorry for it. Because, I know that the Hon. the Minister for Health himself has said that the hospitals that have been provincialized have not been improved at all. Therefore it was only a change in name. To-day everybody knows the sad plight of the local board dispensaries. When I think of the local board dispensaries and the

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medicines that they give, I am reminded of my jail days when half a dozen bottles of coloured water was sufficient for treating all diseases. This is the situation that is obtaining to-day. At the present moment, our needs are too many, but our resources are very limited, both in regard to money and material. When we compare our resources in one or two aspects with other countries, we find that we have one doctor for 6,300 people whereas in the United Kingdom for every thousand there is one doctor. We have one nurse for 43,500 people whereas in England they have one nurse for 300 people. We have one health visitor for every four lakhs people whereas there is one health visitor for every 4,710 people. By this I do not mean that in the immediate future we can have the state of affairs which we wish. However, a lot could be done even now. We must know that to-day medical facilities of a civilized nature are provided only for a limited number of people and a large section of the people, especially the poor village folk get the help of only the native physicians and the indigenous medicines. So, it is our bounden duty to encourage the indigenous system of medicine so long as we are not able to provide the village folk with the scientific method of treatment. There is no use of extolling the achievements of the allopathic system and its scientific nature so long as we are unable to give the benefits of that system to the villagers. We know that milk is better than butter-milk. But on that account the Government should not refuse butter-milk to us. We must therefore see that side by side with the modern method of treatment, encouragement was also given to the indigenous system. I doubt very much whether the Hon. the Minister for Health has at all a soft corner for the indigenous system of treatment. Whenever he got an opportunity to speak on the subject, he has been speaking, to put it mildly, in a lukewarm manner. That is the attitude which he has adopted with regard to the indigenous system and the homeopathic system. I wish to say in this connexion that however scientific the allopathic system might be it cannot claim all the wisdom for itself. For example, in the treatment of diseases like rheumatism, nothing can be compared to the ayurvedic treatment. The Union Planning Minister Mr. Nanda had to come to Trichur. Again Mr. Jaiprakash Narain had to come to Kottakkal for his treatment. It may be that in certain aspects, say, surgery and other forms of treatment, the allopathic system may be superior. But in other respects, certainly ayurveda has its own merits. The Hon. Minister may not believe Ramayana and the 'Sanjeevani' which was carried by Hanuman. Recently, there was a report in the newspapers that a sanyasin, by smearing the juice of a certain herb showed to the people that one can be proof against radio activity. I do not say that it is true. But, the potentialities of such herbs and native medicines are untold and we should not pooh-pooch such things, on the ground that we have got the allopathic and other systems.

"Sir, great emphasis has naturally been put upon the system of water-supply and health. There are certain important problems to be tackled. In our villages, there are no roads and maternity

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assistants are very rare. It is estimated that about two lakhs women die on account of the lack of proper maternity assistance. This condition can be met only by increasing the number of midwives. There should be no village where the villager cannot have at least the assistance of a midwife. We must plan at least on a small scale in regard to this matter. I hope that our Medical and Public Health departments will formulate such a plan and work it at least during the Second Five-Year Plan period."

1 p.m. * SRI S. SWAYAMPRAKASAM :—" Mr. Deputy Speaker, Sir, various Members have spoken supporting either the Demand or the cut motion. But all were one on one point, viz., the necessity of more facilities being provided in the matter of medical aid to the poor ryots in the villages. Sir, this has become almost a disease with the Members to suggest every year that more and more medical facilities should be afforded to the people. I have no doubt that the Hon. the Minister will come out with his usual oral remedy, viz., finances for curing all the diseases. But at the same time he would confess that he has to depend on the Finance Minister who will ultimately say that people will have to pay more taxes if they want more facilities. I am here, Sir, to suggest certain methods by which, if the Government are serious, they can provide additional facilities without resort to new taxation. The methods involve two operations one major and one minor. If they are properly carried out, they will go a long way in helping the people to get the necessary facilities without any extra taxation at all. Various Members have said that the existing administration of hospitals in the mufassal should be toned up and made more efficient. This is so in a greater measure in the mufassal than in the Madras City. Certain doctors are inefficient, inefficient in the sense that they are to a certain extent indifferent to their work. Sometimes they do not devote as much time to the examination of patients as is necessary. I feel that the appointment of honorary medical officers to these hospitals has something to do with this indifference. This system of honorary service in Government hospitals only enables them to use the Government hospitals for their own private purposes, instead of helping the poor people to get treatment for their diseases. Each such doctor has a private nursing home of his own and he is canvassing cases for himself in the hospital. He converts the whole hospital into a market. I have found in very many cases these doctors tell the patients indirectly to come to their consulting rooms and get private treatment. Then only, they are told, they will get good treatment. I would earnestly request the Government to examine whether the system of honorary service is really working usefully.

" Then, Sir, I come to the appointment of male nurses in the hospitals. My friend, Mr. Balakrishnan is not in the House now. Nowadays, women are available in plenty for appointment as nurses. There is psychological feeling among patients that if they are attended on by female-nurses, they can get cured of their diseases. What happens now is, sometimes the male nurses and female nurses go out together leaving the wards without any nurse

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at times. This is also my personal experience as a member of the Hospital Advisory Committee in my district. I would request the Government to bestow some attention on this question and I feel that if the Government slowly discourage the appointment of male nurses, it will do good to all in the long run.

" Sir, hon. Members on both sides—particularly Mr. Parthasarathi on the other side of the House—have said that doctors are not at all willing to go to rural parts and practise there. Their pay is not sufficient and the conditions in the villages also are not attractive. The result is that rural dispensaries are not able to get proper doctors. Added to this, the hon. Member Dr. U. Krishna Rao suggested that admission to the medical colleges should be made on merit alone. Sir, I would like to point out that if it is done, then many candidates from the rural parts will not get admission. Doctors will be willing to work in villages only if admission to medical colleges is given to the pupils from rural parts. People drawn from towns will not be willing to go to villages and work.

" Then, Sir, hospitals which are managed by the local bodies do not have sufficient quantity of medicines. That is also the complaint everywhere. The reason is the local bodies are forced to purchase medicine only from certain stores. When the local bodies apply for certain important medicines, they are told that such medicines are not necessary. The fault does not lie on the local bodies but on the stores themselves which do not supply sufficient quantity of medicines required for treatment in the rural areas. The Government should not insist on this procedure but must give freedom to the local bodies to purchase their requirements from whatever place they like.

" Sir, I am glad that the portfolios of Medicine and Health are in the hands of one and the same Minister. Both are allied questions and it is good they are tackled by one and the same Minister. It is true that there is an increase in the number of people going to hospitals for treatment. The authorities are not able to make suitable arrangements for providing all people with beds. Probably our people have developed a 'hospital-going habit' and that is why there is so much rush for beds in the hospitals. Then, new diseases crop up every day and the doctors are not able to find cures for all these diseases. They are only making experiments now. I feel that more than 50 per cent of the people who go to hospitals for treatment suffer from want of proper nutrition. If food with proper nutrition is served to the people, I am sure more than 50 per cent of the patients will not go to the hospitals at all.

" The Government have appointed a committee called the Hotel Sanitation Committee. One of the terms of reference to this committee was to inspect the sanitary arrangements made in the hotels. But no reference was made to the question of finding out whether proper food of good nutritive value was supplied to the people in the hotels. However, the report of the committee says that in towns eighty to ninety per cent of the people live on hotel meals and in villages forty to fifty per cent of the people do so. So, a majority of the total population of the State depend on hotel

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meals. We cannot deny the fact that all diseases except skin diseases spread through bad food. There is no proper control by the Government on the food that is supplied in the hotels. Article 47 of the Constitution of India says that the State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties. Having regard to this Directive Principle of State Policy, I request the Government to examine the nutritive value of the food supplied in the hotels and to appoint a committee to go into this question. If the Government are able to ensure that nutritive food is supplied in the hotels, national health will improve. Then the number of people going to hospital will be less and there will be a saving in the expenditure on hospitals. I request the Minister for Health to deeply think over this matter and to appoint a committee to go into it.

" Somehow there is a general impression that the Minister for Health is not in favour of indigenous medicine and that he does not see anything good at all in it, though he does not do anything positively to discourage it. My personal view is that only in surgery, allopathic treatment is good. Indigenous medicines not only cure diseases, but cure them at a lower cost. I was suffering from eczema. I consulted many allopathic doctors. They said that there was no medicine for eczema and that they only make trials. But a *sanyasi* prepared some oil out of a herb within one hour at a cost of two annas. The application of that oil had a wonderful effect; the eczema was cured. So I request the Hon. Minister to encourage indigenous medicine.

" With these words, I support the cut motion."

* THE HON. SRI A. B. SHETTY :—" Mr. Deputy Speaker, Sir, as many as fifteen hon. Members spoke on these Demands offering certain criticisms and making some suggestions. I do not know whether it will be better for me to deal generally with our problems instead of replying to the various points mentioned by the hon. Members. I need hardly say that all the points mentioned by the hon. Members will be taken note of and whatever is possible will be done. The magnitude of the health problem in this country and in our State stares us in the face. Hon. Members have made mention of several communicable diseases—tuberculosis, leprosy, filariasis, guinea-worm disease, cholera and so on."

* SRI M. DHARMALINGAH :—" I rise on a point of order, Sir. The Members sitting in my block belong to the Independent Group. No opportunity was given to the Members of the Independent Group to participate either in the Agriculture Demand or in the Medical Demand in spite of our request to the Speaker. I would humbly request the Chair to give equal opportunities to the members of the Independent Group as are given to the members of other groups or parties at least in the Demands coming up hereafter."

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DEPUTY SPEAKER :—“ The Chair is always very impartial. It is not possible to give a chance to all Members. I hope the hon. Member will not cast any such aspersion against the Chair.”

* THE HON. SRI A. B. SHETTY :—“ We are taking various steps to deal with the diseases mentioned by the hon. Members as well as the other diseases which are commonly prevalent in our State. Taking leprosy for instance, we have introduced the latest method of sulpha therapy in all clinics attached to hospitals. We are giving short courses of training in leprosy work to medical men and health assistants. For tuberculosis treatment, we have got the biggest sanatorium in this State in Tambaram. There are a number of sanatoria in different places. I understand that five more districts are taking steps to start tuberculosis sanatoria. A sub-committee of the Tuberculosis Association has suggested cheaper type designs for tuberculosis sanatoria. According to the existing type designs, a tuberculosis sanatorium of fifty beds will cost four lakhs of rupees. But according to the sub-committee's suggestion, we can put up a sanatorium of sixty beds at a cost of one lakh of rupees. The present policy is against spending enormous sums of money on buildings for sanatorium. Take the Periyaram Sanatorium for instance, a lot of money has been spent and many buildings have been put up. The extensive site of this sanatorium was given as a gift by a rich person. Those who founded the sanatorium have not got the money now to maintain it. The same difficulty exists in some other places also. The people concerned are asking the Government to give more maintenance grants or to take over the sanatoria. This is the problem which is facing the sanatoria in the different places. The present idea is that we must encourage the starting of more clinics. With the aid of drugs like Streptomycin, we can give out-patient treatment at the clinics. Treatment at an early stage of the disease can be done at home. The Tambaram Sanatorium has got a long list of patients awaiting admission and by the time they get admission in the order of priority, the disease in many of them may get too advanced for effective treatment. Only the other day we had a meeting of the Director of Medical Services, the present Superintendent of the Sanatorium and the Honorary Doctor there, viz., Dr. Vasudeva Rao, to consider how we could reduce the waiting list, how we could admit patients at the proper time so that the cases do not become too advanced for treatment. They will submit their proposals in the matter shortly and Government will give their earnest consideration to the proposals.

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“ Regarding filariasis, this State Government is going to participate in the National Filariasis Control programme which will be sponsored by the Government of India and I may tell my hon. Friends of the West Coast that the West Coast districts being very endemic for filariasis, certain areas in the two districts of Malabar and South Kanara will be taken up first in this anti-filariasis work. About the guineaworm disease, I have been

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answering questions in the House regarding the preventive measures that are being taken to tackle that disease. There is no specific remedy for curing that disease. We have to take only preventive measures. When people get down into the open tanks and step-wells which contain contaminated water, they get infection from the cyclops in the contaminated water and thus get the guineaworm disease. I have dealt briefly with the preventive measures taken to control guineaworm infection in the answers I gave to the questions in the House. One hon. Member mentioned about the prevalence of cholera in the deltaic districts. The House may be aware that the National Water-Supply and Sanitation programme which will soon be taken up in the villages worst affected by cholera in five of our districts is meant to reduce the incidence of cholera. The reason for the wide prevalence of certain diseases, particularly communicable diseases, has already been stated. These diseases are mainly due to malnutrition, unsuitable dwellings, unsafe water-supply, insanitary surroundings and also rapid growth of population. Government has sanctioned the opening of a research centre regarding family planning at the Women and Children's Hospital at Egmore and also eight full-time clinics in different hospitals both in the City and in the mufassal. This Government have written to the Government of India for financial assistance for extending family planning service to all district headquarters hospitals. It is considered desirable to provide advice on family planning in all maternity and child welfare centres. Somehow people have not understood the importance of the work of family planning. Our population is increasing at a very rapid rate. It is creating not only health problems but also economic problems. In the interests of the health of both the mothers and the children, it is very desirable and it is also essential that there should be proper spacing of children. Otherwise it will be a strain on the health of the mother and detrimental to the welfare of the child also.

“ In regard to hospital services we are trying to increase the bed strength in our hospitals to some extent. We cannot meet fully the needs of the situation. This year we have provided for an increase of beds about 750 in number. In the present budget we are providing for 470 additional beds. We are providing X-ray and other equipment and we have a proposal to improve the laboratories in the district headquarters hospitals and also to set up regional laboratories. By merely increasing the bed strength or by starting of more hospitals, we cannot solve the problem before us. There are so many diseases and they are so widely prevalent that however much we may increase the bed strength in hospitals, to whatever extent we may increase the number of hospitals, it will not be possible to cope with this problem by merely giving such curative facilities. Preventive services are more important.

“ One hon. Member pleaded about the need for more and better doctors. I have already mentioned that we have started a new medical college at Madurai and admissions to this college will be

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increased from 50 to 100 from the academic year in 1956. There is also another proposal of Dr. Alagappa Chettiar to open a medical college at Karaikudi. A committee has been appointed to go into this question and the committee has visited both Karaikudi and Tanjore and I understand the report of the committee would be submitted to us shortly. Hon. Members of this House have been asking for the opening of a medical college at Kozhikode. Well, Government will not stand in the way of starting new medical colleges anywhere. People have been talking of a medical college for Coimbatore. My Hon. Colleague Mr. C. Subramaniam has been optimistic about it but we do not hear anything about it at present. The starting of a college with an attached hospital with a sufficient number of beds for the clinical training of the students, adequate equipment and properly qualified staff, and sufficiently extensive hostels for nurses and students means a very large investment; at least one crore of rupees will be needed and then it is difficult to get qualified doctors for the teaching staff. We are now experiencing difficulties in finding particularly non-clinical professors. Non-clinical professors are not allowed the privilege of private practice. The Central Ministry of Health is considering the question of constituting an All-India Cadre of Non-Clinical Professors; that is what Rajakumari Amrit Kaur has said in her recent speech which has appeared in the newspapers; the Centre also proposes to provide some financial assistance to the State Governments to increase the salaries of these non-clinical professors. My friend Dr. U. Krishna Rao (he is not here now) mentioned about the admission of 1,500 students per year in one college in France, 750 in a college in Italy and so on. Such mass production of doctors, I do not think, will serve the purpose because it is the bedside teaching that is more important. A person merely reading books and listening to lectures in the classes and passing examinations, cannot be made a good doctor. He must have practical knowledge. He must have bed-side instructions. He must study the patients and their diseases. Practical training is important. The Indian Medical Council insists that there should be 10 beds for every student. That means that if we have a medical college for 50 students, we must have an attached hospital with 500 beds, not merely with wards for general cases but with specialist departments. We must get properly qualified teaching staff with suitable experience. It is not enough if we merely produce the type of doctors we are producing to-day. The doctor of the future must have a new outlook. He must have a preventive bias. Re-organization of the present curriculum is necessary. Rajakumari Amrit Kaur is thinking of calling a conference to consider how best we could reform our medical curriculum, so as to produce doctors of the right type. The Central Government have also proposed to start departments of social and preventive medicine in our medical colleges. This Government accepted the proposal but later on they withdrew their offer and now again they are thinking of giving us help for setting up such a department which will train our students in preventive medicine and in the matter of promotion of health.

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“ Now the basic problem in this State as well as in the whole country is the problem of rural health. The problem of giving adequate and proper medical relief in the villages is a problem which we have not been able to tackle. It is true we have a large number of rural dispensaries. Many of them are manned by what are called ‘ B-class ’ practitioner. These people have had no training worth the name. They cannot correctly diagnose or properly treat the diseases which come to these dispensaries. Several of the rural dispensaries had to be closed for want of qualified personnel to man them. If we could provide for the dispensary staff proper quarters and if we could assure for them some reasonable income, we can solve this problem to some extent. My hon. Friend, the Minister for Finance is thinking of a scheme for provincialising all taluk headquarters hospitals and local fund medical institutions, including even rural dispensaries. I wish him all success. Of course that will require a lot of money. But money is being found for many purposes in regard to education. (An hon. Member : Will it be done at least next year? The Hon. Sri A. B. Shetty : At least before the next elections, I hope.) (Laughter). We propose to start mobile medical units, five of them in the districts where there are no primary health centres. Orders have been placed for the purchase of vans.

“ Some hon. Members spoke about maternity and child welfare centres. The Madras State is at present having 430 maternity centres and 54 maternity homes. We are providing for 22 maternity centres in the budget and there is a proposal of the Government of India for starting 26 more centres in backward areas. The Malabar district will be given sufficient number of maternity centres.

“ Regarding water-supply and drainage, I hope hon. Members are satisfied that a very large programme of works is being undertaken under the Comprehensive Rural Programme for which Rs. 40 lakhs was provided for the current year and Rs. 46 lakhs have been allotted for next year in the Budget. We have the Local Development Works Scheme under which nearly Rs. 30 lakhs has been set apart for rural water supply. We have, besides, the National Water Supply and Sanitation Programme for which the Government of India are giving Rs. 60 lakhs and this State will have to find Rs. 60 lakhs getting some contributions from the beneficiaries and from local bodies. We are having an accelerated programme of water-supply works for which the Centre has promised us 2.39 crores of rupees. So far our difficulty was money and material. Now the difficulty is how to execute the work within the prescribed time-limit, that is, before the end of the First Five-year Plan. The necessary additional staff has to be given and all attempts made for quickening the execution of the works.

“ In our country bowel infections are common as against respiratory diseases in the Western countries where the climate is cold. The rural water-supply schemes will be very useful for preventing these water-borne epidemics like typhoid, cholera, diarrhoea and dysentery which have become a part of our life as it were.

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“ Nutrition, Sir, is the most important single factor in the maintenance of health, and in strengthening resistance against disease and so attention is being given to this matter also. We have got a Central Nutrition Bureau and two field units. An Assistant Director of Public Health is in charge of this organization. Nutrition research and propaganda are being done. Training is being given to medical men and health officers and village level workers who are to work in Community Project areas. I said a little while ago, that the starting of regional laboratories and the improvement of laboratories in our hospitals is very important and essential. To eradicate mass diseases also it is necessary to have laboratory services; the scientific study of diseases in its mass aspects is necessary and for these purposes, we require laboratory service not only here at the centre, but also in the mufassal places. We have to do health work under very difficult conditions. Our financial resources are limited. There is scarcity of health personnel of all types, and our health needs are tremendous. The field is vast, the labourers are few. Something has been attempted and something done and this must suffice to earn a good night's repose. I hope the hon. Members will take a sympathetic view of the situation and see that whatever is possible is being done. We shall try to do more and give better satisfaction to the people in all respects in future. ”

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“ With these few words, I request the hon. Members who have moved cut motions to withdraw them.” (Cheers.)

SRI M. P. SUBRAMANYAM :—“ Sir, though many of the points raised in the course of discussion on this Demand have not been satisfactorily explained by the Hon. Minister, I feel it is no use if I press my cut motion. I therefore withdraw my cut motion.”

The cut motion was, by leave of the House, withdrawn.

DEPUTY SPEAKER :—“ The question is—

‘ That Government be granted under Demand XVI—Medical a sum not exceeding Rs. 3,15,99,800 be granted.’ ”

The motion was carried and the grant was made.

SRI A. RATNAM :—“ Mr. Deputy Speaker, Sir, since no reply has been made by the Hon. Minister to any of my cut motions, I press my cut motion.”

DEPUTY SPEAKER :—“ I will now put the cut motion to vote. The question is—

‘ That the allotment of Rs. 1,33,30,500 for Public Health be reduced by Rs. 100.’ ”

The motion was put and lost.

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DEPUTY SPEAKER :—" I will now put the main motion to vote. The question is—

'That the Government be granted a sum not exceeding Rs. 1,33,30,500 under Demand XVII—Public Health.' "

The motion was carried and the grant was made.

DEPUTY SPEAKER :—" The House is adjourned and will meet again tomorrow at 8-30 a.m."

The House then adjourned.

